2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

IGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 25, 2008 8:00 am Secretary of State DOCUMENT # P04000046544 08-25-2008 90005 036 ***163.75 LAW OFFICE J & S CONSULTING INC. Principal Place of Business Mailing Address 40114316 300 71ST STREET PO BOX 13068 MIAMI BEACH, FL 33141 MIAMI, FL 33101-9998 3. Mailing Address 2. Principal Place of Business - No P.O. Box # POBOX 13068 Suite, Apt. #, etc Suite, Apt. #, etc. 05022008 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-2204574 m Ami Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33101-999 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GROUP& ASSOCIUTES J & S LAW OFFICE Street Address (P.O. Box Number is Not Acceptable) 300 71ST STREET: 301 #301 MIAMI BEACH, FL 33141 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 12, 2008 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME GARCIA, JAY DR STREET ADDRESS 210 71 STREET SUITE #311 STREET ADDRESS CITY-ST-7IP MIAMI, FL 33141 CITY - ST - ZIP Delete ☐ Change TITLE TITLE Addition FRANCO, JULIO CESAR 210 71 STREET SUITE #311 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33141 CITY-ST-ZIP Delete TITLE □ Change ☐ Addition NAME SANTOS, CAROLINA NAME 210 71 STREET SUITE #311 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33141 ☐ Delete TITLE ☐ Change ☐ Addition NAME SANTOS, ADRIANA NAME 210 71 STREET SUITE #311 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33141 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #